

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF GEORGIA
Atlanta Division**

EMMA KOE, et al.,

Plaintiffs,

v.

CAYLEE NOGGLE, et al.,

Defendants.

Case No. _____

DECLARATION OF RENELLE (“REN”) MASSEY, PH.D.

1. My name is Renelle (“Ren”) Massey, Ph.D. I am a licensed clinical psychologist in Georgia for child, adolescent, and adult patients. I have provided psychotherapy, psychological evaluations, and consultation services in the Atlanta area for over three decades. I have been retained by counsel for Plaintiffs in the above-captioned lawsuit to provide an expert opinion on the standards of care for treating individuals diagnosed with gender dysphoria.

Background and Qualifications

2. Information regarding my professional background, experiences, publications, and presentations is detailed in my curriculum vitae. A true and correct copy of my CV is attached as **Exhibit A**.

3. I received my Doctor of Philosophy in Clinical Psychology from the University of South Florida in Tampa, Florida, a Masters of Arts from the Florida Atlantic University, and a Bachelors of Arts from Stetson University.

4. Since 1989, I have maintained a clinical practice in Georgia, where I treat patients from Georgia and the surrounding states. I am also an adjunct assistant professor at the Emory University School of Medicine's Department of Psychiatry and Behavioral Sciences.

5. I provide psychotherapy to individuals, couples, and families, specializing in issues such as gender identity, sexual orientation, diversity, physical and sexual abuse, substance use, depression, anxiety, health, and anger and stress management. I also provide forensic evaluations. In the last 10 years, I have served over 1,000 individuals and/or families, accepting around 2 new referrals each week.

6. I have treated children and adolescents with gender dysphoria for over 10 years. I have treated over 600 children and adolescents with gender dysphoria during my professional medical career. Currently, approximately 70 percent of the patients in my clinical practice are transgender children and adolescents.

7. I became a certified provider and mentor in 2018 with the World Professional Association for Transgender ("WPATH") Health Global Education Institute. I am a contributing author to the Adolescents chapter of the Eighth Version of the World Professional Association for Transgender Health's ("WPATH")

Standards of Care for the Health of Transgender and Gender Diverse People, Version 8 (hereafter, “WPATH SOC”).

8. The WPATH SOC provides clinical guidance for health professionals based on the best available science and expert professional consensus. The purpose of the WPATH SOC is to assist healthcare providers in delivering necessary and appropriate medical and mental healthcare to transgender and gender diverse people, in order to maximize their patients’ overall health, psychological well-being, and self-fulfillment. The WPATH SOC has been recognized and adopted as the prevailing standard of care by the major professional associations for medical and mental health providers in the United States, including the American Medical Association, the American Academy of Pediatrics, the American Psychiatric Association, the American Psychological Association, and the Pediatric Endocrine Society, among others.

9. In addition, I have written a number of articles and peer-reviewed journal articles. Some of these articles are about treatment of gender dysphoria in children and adolescents. I am also contributing as a researcher or consultant on some ongoing research projects that have not yet been published. A full and complete list of my publications is included in my CV.

10. I have served as an Independent Reviewer for the peer-reviewed medical journal, *Journal of Sexual Medicine* since 2016.

11. I am actively involved in training other medical and mental health providers in the treatment of children and adolescents with gender dysphoria. I have conducted trainings for a number of medical and mental health providers and have given dozens of public addresses, seminars, and lectures on the treatment of gender dysphoria in children and adolescents. I am also a Master Mentor and a member of the Faculty for WPATH's Global Education Institute, which provides training courses toward a member certification program in transgender health for practitioners around the world.

12. I am also a Co-Chair/Mental Health Chair of WPATH's Global Education Institute. I am actively involved in developing training programs for medical and mental health professionals in Georgia, the United States, and internationally, primarily, but not only, for the WPATH Global Education Institute. These programs have been delivered online and in-person, reaching over 7,000 registrants.

13. I am a member of the following professional organizations: American Psychological Association; Georgia Psychological Association; and WPATH. I served in numerous roles for the Georgia Psychological Association, including on the Ethics Committee and as former President (2017–18).

14. I am being compensated at an hourly rate of \$400/hour plus expenses for my time spent in connection with this declaration. My compensation does not depend on the outcome of this litigation, the opinions I express, or the testimony I

may provide.

15. In the previous four years, I have not been retained as an expert witness in any litigation.

Basis for Opinions

16. My opinions contained in this declaration are based on: (1) my clinical experience as a psychologist treating transgender patients, including children, adolescents and young adults; (2) my knowledge of the peer-reviewed research regarding the treatment of gender dysphoria, which reflects the clinical advancements in the field of transgender health; (3) my work as a contributing author of the WPATH SOC; and (4) my review of the law challenged in this case.

Discussion

Gender Identity Development and Gender Dysphoria in Children and Adolescents

17. At birth, infants are assigned a sex, either male or female, based on the appearance of their external genitalia and/or chromosomal profile. For most people, their birth or natal sex corresponds to their gender identity. For transgender people, their birth sex does not align with their gender identity.

18. Gender identity is a person's innate sense of their gender. It is a core and universal component of human identity.

19. It is essential to a person's mental health and well-being to be able to live consistent with their gender identity. This is true for transgender and non-

transgender people.

20. Gender identity has a significant biological basis and cannot be altered through medical or psychological interventions. Stephen M. Rosenthal, *Challenges in the Care of Transgender and Gender-Diverse Youth: An Endocrinologist's View*. Nat Rev Endocrinol 17, 581–91 (2021), <https://doi.org/10.1038/s41574-021-00535-9>.

21. The evidence demonstrating that gender identity cannot be altered, either for transgender or for non-transgender individuals, underscores the innate nature of gender identity. Past attempts to “cure” transgender individuals by using talk therapy, and even aversive therapy, to change their gender identity to match their birth-assigned sex were ineffective and caused harm. The major associations of medical and mental health providers, including the American Medical Association, the American Psychiatric Association, the American Academy of Child and Adolescent Psychiatry, the American Psychological Association, and WPATH, consider such efforts harmful and unethical.

22. Gender dysphoria is the medical diagnosis for the severe and unremitting psychological distress resulting from the incongruity between a transgender person's birth-assigned sex and their gender identity. That distress can be alleviated when a transgender person is able to live consistent with their gender identity.

23. Gender dysphoria is a serious medical condition and is listed in the Diagnostic and Statistical Manual, Version 5 (“DSM-5”), the diagnostic and coding compendium for mental health professionals.

Standard of Care for Treatment of Gender Dysphoria in Youth

24. Like all children, transgender children can thrive, grow into healthy adults, and have the same capacity for happiness, achievement, and contribution to society as others. For this group of young people, that means supporting their need to live in a manner consistent with their gender identity in all aspects of their lives.

25. Accordingly, the goal of treatment for gender dysphoria is to reduce distress and improve functioning, which typically occurs through the process of enabling the individual to live consistent with their gender identity. The process of undergoing those treatments is often referred to as gender transition. The stages that make up a transgender person’s gender transition will depend on that individual’s medical and mental health needs. The purpose of transition is to allow a transgender person to live congruently with their gender identity, including in many cases undergoing medical treatments to align the person’s body with who they are.

26. Typically, transgender people start their transition with a series of steps that are commonly referred to as a “social transition.” Those steps include, but are not limited to, changing their name, using different pronouns, and wearing clothing and adopting grooming habits typically associated with their gender identity.

Making those changes enables a transgender person to begin living their life consistent with their gender identity and helps ensure that they are treated as such by family, peers, and others in the community. It is important to note that there are no medical interventions for pre-pubertal transgender and gender-diverse children. For some children, social transition is an appropriate intervention, while for others, treatment for gender dysphoria may involve but not be limited to building family and social support or building resilience.

27. After the beginning of the onset of puberty, transgender young people may also start taking puberty-delaying medication to prevent the development of unwanted, psychologically distressing, and in some instances irreversible secondary-sex characteristics that conflict with the person's identity.

28. Hormone therapy is medically necessary for some transgender young people regardless of whether they have taken puberty-delaying medication because hormone therapy is necessary to induce their bodies to develop the secondary-sex characteristics more aligned with their gender identity, such as facial and body hair for boys who are transgender and female breast development in girls who are transgender.

29. Delaying any of these treatments, including both puberty blockers or hormone therapy, when determined to be medically necessary will not only exacerbate a transgender young person's gender dysphoria, but also could lead to

the development of other co-occurring mental health conditions, including depression, anxiety, and disordered eating. Those co-occurring mental health conditions may be accompanied by unhealthy coping behaviors such as self-harm, substance misuse, and suicide attempts. Additionally, the distress of gender dysphoria can lead to impairment in academic and other functioning, social and family relationships, and planning for future goals (e.g., college).

Safe and Effective Treatments for Gender Dysphoria

30. Research and clinical experience repeatedly reaffirm that gender transition significantly improves the mental and physical health of transgender young people and is the only treatment that has been demonstrably effective for gender dysphoria.

31. This is true of each stage of a transgender young person's gender transition. Transgender young people who underwent a social transition in childhood demonstrated better mental health profiles than prior studies of gender nonconforming children. See Lily Durwood, et al., *Mental Health and Self-Worth in Socially Transitioned Transgender Youth*, 56 J. Am. Acad. of Child & Adol. Psychiatry 116 (2017); Kristina Olson, et al., *Mental Health of Transgender Children who are Supported in Their Identities*, 137 Pediatrics 1 (2016). This same outcome has also been seen in a longitudinal study of transgender young people who underwent each of the three stages of transition outlined above. Annelou L.C. de

Vries, et al., *Young Adult Psychological Outcome After Puberty Suppression and Gender Reassignment*, 134 *Pediatrics* 696 (2014).

32. Gender transition also can—and often does—alleviate co-occurring mental health issues a transgender young person experienced prior to transition. Following transition, transgender young people are often able to reduce dosage of psychiatric medications and see significant improvements in functioning and quality of life. Treating their gender dysphoria also increases a transgender young person’s capacity to develop and maintain better coping strategies to manage any co-occurring conditions. For example, a recent study found that after two years of hormone treatment, transgender youth experienced increases in positive affect and life satisfaction and decreases in depression and anxiety symptoms. Diane Chen, et al., *Psychosocial Functioning in Transgender Youth after Two Years of Hormones*, 388 *N. Engl. J. Med.* 240 (2023); Diana M. Tordoff, Jonathan W. Wanta, Arlin Collin, Cesalie Stepney, David J. Inwards-Breland, Kym Ahrens, *Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care*. *JAMA Netw Open*. 2022 Feb 1;5(2):e220978. doi: 10.1001/jamanetworkopen.2022.0978. Erratum in: *JAMA Netw Open*. 2022 Jul 1;5(7):e2229031. PMID: 35212746; PMCID: PMC8881768.

33. Research shows that gender transition significantly improves the mental health of transgender young people, bringing their mental health profiles into

alignment with that of their non-transgender peers. Kristina Olson, et al., *Mental Health of Transgender Children Who Are Supported in Their Identities*, 137 *Pediatrics* 1 (2016);¹

34. Well-established research demonstrates the effectiveness of gender transition as treatment for gender dysphoria in adolescence. Jack Turban, Annelou DeVries & Kenneth Zucker, *Gender Incongrue & Gender Dysphoria*, in *Lewis's Child and Adolescent Psychiatry: A Comprehensive Textbook* (A Martin, et al., eds., 5th ed., 2018).

35. Studies are also finding a continuity of approximately 98% of young people starting social transition and/or on puberty blocking medication continue on to puberty blocking and/or hormone therapy. Kristina R. Olson et al., *Gender Identity 5 Years After Social Transition*, *Pediatrics*, 2022 Aug 1;150(2):e2021056082. doi: 10.1542/peds.2021-056082. PMID: 35505568). Additionally, 98% of youth in another study continued on from puberty blocking to gender affirming hormone therapy. Maria Anna Theodora Catharina van der Loos et al., *Continuation of Gender-Affirming Hormones in Transgender People Starting Puberty Suppression in Adolescence: A Cohort Study in the Netherlands*, *Lancet Child Adolesc Health*. 2022 Dec;6(12):869-875. doi: 10.1016/S2352-

¹ Anxiety was the only area where transgender young people differed from the non-transgender controls. On that measure, transgender young people showed slightly elevated levels of anxiety, but were still in the pre-clinical range.

4642(22)00254-1. Epub 2022 Oct 21. PMID: 36273487).

The Role of Mental Health Providers in Assessing Necessity of Medical Treatments for Gender Dysphoria in Young People

36. The first objective of a mental health provider treating a child or adolescent who appears to be experiencing gender dysphoria is to conduct a careful and thorough assessment. That assessment allows the provider to accurately diagnose the patient, including whether the patient meets the stringent criteria for gender dysphoria and any co-occurring conditions. The foundation of the assessment process is building a detailed history of the patient, such as prior treatment, trauma, substance misuse, among many other factors. That assessment also requires a developmentally informed exploration of the patient's relationship to their gender identity over time that includes information obtained from multiple information sources whenever possible.

37. To appropriately conduct that assessment, the mental health provider must draw from their professional training and experience in working with transgender young people, exercise professional judgment, and tailor the assessment to each individual patient and their family. The number of sessions that assessment requires will vary depending on the patient's presentation and the complexity of the issues the patient is navigating. The assessment process also goes beyond gathering information from the patient and their family. The mental health provider will typically gather and review information from the patient's primary care provider,

prior mental health providers, and other adult professionals who are part of the patient's care team.

38. A detailed history and assessment are important to provide the context for developing an appropriate treatment plan. That comprehensive assessment is also needed to help inform possible future care plans, such as the patient's need for puberty blockers and hormone therapy. Once this treatment plan is developed, the mental health provider remains involved in the treatment plan, ensuring that the plan continues to address the patient's individual needs. For example, mental health providers regularly assess the effects of gender dysphoria on a patient's life and functioning. The purpose of that ongoing evaluation is to identify the areas where the patient needs to develop resilience and coping strategies to minimize the effects of their gender dysphoria and to evaluate the mental health benefits of future treatment options.

39. Because of the thoroughness of this process, an assessment to determine the necessity of medical treatments typically occurs over several months. For patients who begin care as children, the assessment is based on years of clinical information.

40. A critical element of the standard of care is that it does not presume that being transgender is incompatible with a young person's short- and long-term health and well-being. That is consistent with DSM-5 diagnostic criteria which is

“focus[ed] on dysphoria as the clinical problem, not identity per se.” American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*, 451 (2013). As a result, therapists practicing consistent with the standard of care will create a space where the patient can explore their gender identity, knowing that being transgender and not being transgender are both equally acceptable outcomes.²

41. Providing this individualized mental health treatment means mental health providers are not simply a rubber-stamp in the process for accessing treatment for gender dysphoria. Instead, as is the case with all effective mental health treatment, the focus is supporting overall health and well-being, regardless of whether the young person continues to identify as transgender. As a result, I have had patients who presented with some symptoms of gender dysphoria, but who ultimately did not meet the diagnostic criteria for a variety of reasons, and therefore I recommended and we agreed upon treatments other than transition to alleviate their psychological distress. My experience in working and speaking with other gender specialists is that

² As observed in the context of research on gender identity conversion efforts and family rejection, attempting to influence a young person’s gender identity development is harmful, ineffective, and unethical. For example, a recent study found that being exposed to gender identity conversion efforts was associated with greater odds of attempting suicide, especially for those individuals who had those experiences in childhood. Jack Turban, et al., *Association between recalled exposure to gender identity conversion efforts and psychological distress and suicide attempts among transgender adults*, 77 JAMA Psychiatry 68 (2020).

this is routine throughout the profession. Part of the rigor of the diagnostic protocol is distinguishing between youth who are engaged in gender exploration from youth who are transgender and who do or will need treatment for gender dysphoria.

42. For young people who do meet the diagnostic criteria for gender dysphoria, mental health treatment often involves referring a patient for medical treatments. That process involves an assessment of the patient's gender dysphoria, co-occurring conditions, and the medical treatment's likely effect on the patient's overall mental health and functioning. As part of that process, mental health providers also discuss the risks, benefits, and alternatives to treatment with transgender young people and their parents.

43. A patient's readiness to begin a particular course of medical treatment requires an evaluation of the patient's and the parent's/caregiver's understanding of the goals and potential limitations of the contemplated treatment. For example, for puberty-blocking medication, the provider will gauge the patient's ability to comprehend the effects of puberty on their body and mental health. An integral part of that discussion is evaluating a patient's grasp of the consequences of stopping those physical changes from occurring and alternatives to puberty-blocking treatment. And, in cases of the addition of hormone therapy in adolescence, the review of physical impact is explored over multiple meetings with the patient and parents. The provider will have those discussions with the patient and their parents

both individually and together. As with the initial diagnosis, the amount of time required to complete this evaluation will depend on numerous factors including the length of their existing therapist-patient relationship and the complexity of the issues facing that patient.

44. The mental health provider will then document the results of their assessment in a letter to the patient's treating medical healthcare provider. The letter details the provider's diagnostic analysis as well as any professional opinions regarding the benefits of and readiness for the contemplated treatment. Ultimately, the appropriateness of any medical treatment is determined by a multidisciplinary team of expert mental and medical healthcare providers.

45. The impact of Georgia's SB 140, which bans hormone therapy for youth while allowing puberty suppression, in effect forces youth to remain looking 10–12 years old until they reach age 18. This creates several serious and potentially harmful problems. First, these youth will stand apart from their peers physically, which can make them victims of anti-transgender/hateful violence, general bullying for being different, and socially isolated for being different. Second, due to experiencing ongoing gender dysphoria and being suspended in a physically undeveloped state, they will not be able to socially and psychologically mature with their peers, effectively impairing their development. SB 140 puts these youth at a developmental disadvantage. Furthermore, their parents and family are deprived of

the normative experience of getting to know and guide their adolescent youth during typical adolescent development years of high school. And lastly, these youth will continue to struggle with greater risk for co-occurring mental health concerns and negative coping behaviors, impaired family and social relationships, and academic and other functioning as discussed *supra* at paragraphs 29 through 34.

***Assessing Co-Occurring Conditions & Necessity of Medical Treatment
for Gender Dysphoria***

46. The existence—and prevalence—of co-occurring conditions among transgender young people is unsurprising. Transgender young people must cope with many stressors from the fear of rejection from family and peers to pervasive societal discrimination. In addition, their underlying gender dysphoria can cause significant psychological distress, which, if left untreated, can result in the development of co-occurring conditions.

47. Transgender young people are not outliers in this regard. Research and clinical experience show that most psychiatric conditions are highly correlated with other co-occurring psychiatric conditions. For example, young people with depression are very likely to have at least one other diagnosable condition, most often anxiety. *See, e.g.,* E. Jane Costello, et al., *Prevalence and Development of Psychiatric Disorders in Childhood and Adolescence*, 60 *Archives of Gen. Psychiatry* 837 (2003) (“There was strong heterotypic continuity from depression to anxiety” and finding approximately 30% of participants diagnosed with a depressive

disorder were also diagnosed with an anxiety disorder). Likewise, a study on children diagnosed with Attention-Deficit/Hyperactivity Disorder found between 74 and 79% participants had additional co-occurring psychiatric conditions. Timothy Wilens, et al., *Psychiatric Comorbidity and Functioning in Clinically Referred Preschool Children and School-Age Youths with ADHD*, 41 J. of Am. Academy of Child & Adol. Psychiatry 262 (2002).

48. A comprehensive assessment—the cornerstone of the prevailing standards of care for the treatment of gender dysphoria—not only seeks to identify any co-occurring conditions, but also to evaluate the effect those conditions have on a transgender person’s functioning. This is equally true when assessing whether medical treatment for gender dysphoria is necessary from a mental health perspective.

49. The standards of care recognize that it is not possible for a transgender patient to resolve all co-occurring conditions prior to undergoing medical treatment, nor would it be ethical to impose such a requirement. Resolving all co-occurring conditions before medical treatment is not a requirement for other conditions. Gender dysphoria, by definition, is accompanied by clinically significant psychological distress. That distress can take on many different forms (e.g., anxiety, mood disorders, and depression) and vary greatly in severity, resulting in co-occurring conditions. Because psychological distress is not easily

compartmentalized, the distress associated with gender dysphoria can also amplify co-occurring conditions that developed independently of the gender dysphoria. In either situation, gender dysphoria limits the effectiveness of treatment of any co-occurring mental health conditions. Thus, treating the underlying gender dysphoria is essential to alleviating the psychological distress associated with co-occurring conditions.

50. Even assuming that it was possible to cure a patient's co-occurring conditions, delaying medical treatment can cause very real harms to a transgender person's physical and mental health. Without medical treatment, their gender dysphoria would continue to persist and often worsen. At a minimum, that increased distress would interfere with the treatment for the person's co-occurring conditions, subjecting them unnecessarily to a longer course of treatment. It is often seen that the gender dysphoria would eclipse the person's co-occurring conditions, not only entirely impeding treatment of those co-occurring conditions, but also resulting in an overall deterioration of their mental health. The increased distress from their gender dysphoria would translate to resorting to negative coping mechanisms (i.e., self-harm), suicidal ideation, and suicide attempts—just as it could if that increased distress was attributable to a co-occurring condition.

51. Gender dysphoria is a real and serious medical condition that is highly treatable. There is a rigorous and comprehensive protocol for diagnosing an

individual with the condition. There is also a well-established standard of care for the treatment of gender dysphoria, including for treatment of gender dysphoria in transgender youth with puberty blockers and hormone therapy. When that treatment is provided, transgender youth can thrive. As discussed above, there are studies that have demonstrated that outcome, and my own professional experience confirms it. In my experience, I have seen mental health providers carefully assess and work with youth, their parents, and other doctors that care for the youth to create a treatment plan that includes continuing mental healthcare and ongoing assessments.

52. Medical treatment for gender dysphoria has immense psychological benefits for youth, bringing their mental health to a level similar to their non-transgender peers. My understanding is that the law challenged in this case will prevent transgender youth in Georgia who are diagnosed with gender dysphoria from getting medical care that they need. In my professional opinion, if transgender youth cannot get the medical care that they need, they will suffer and their mental health will deteriorate and their families suffer along with them.

53. I hold each of the opinions expressed in this declaration with a reasonable degree of scientific certainty, based on the materials I have reviewed and, on my education, experience, and knowledge. I reserve the right to supplement, amend, or modify my opinions upon review of further information, including, but not limited to, testimony, documents, and reports I receive after the date of this

declaration.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed this __28th__ day of June 2023.

Renelle ("Ren") Massey, Ph.D.

Renelle ("Ren") Massey, Ph.D.

Exhibit A
Curriculum Vitae

**REN MASSEY, PH.D.
VITA**

4426 Hugh Howell Road
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Tucker, GA 30084

Phone: 404-292-3400

www.drrenmassey.com

EDUCATION

- 11-18 Certified Provider and Mentor, World Professional Association for Transgender Health Global Education Initiative.
- 8-89 Ph.D. in Clinical Psychology. Minor: Substance Abuse Treatment. University of South Florida, Tampa, FL.
- 4-85 M.A. in Experimental Psychology with concentration in Social and Personality Psychology. Florida Atlantic University, Boca Raton, FL.
- 5-82 B.A. in Psychology with concentration in Clinical and Personality Psychology. Stetson University, DeLand, FL.

PROFESSIONAL EXPERIENCE

- 3-90 to Independent Practice/Consultation. Individual, couple, and family
Present psychotherapy; psychological testing; gender identity, bariatric pre-surgical, and forensic evaluations. Training and consulting in universities, schools, organizations, and corporations. Specialized experience with gender identity, men's, women's, sexual orientation, diversity, physical and sexual abuse, alcohol/drug, depression, anxiety, health, anger & stress management, healthy living issues. Workshops, lectures, and clinical services provided to adults, adolescents, and children.
- 9-89 to Full-time/Part-time Consultant, Inner Harbour Hospital, Douglasville, GA.
8-91 Individual, family, and group psychotherapy; consultation with treatment teams; personality and intellectual evaluations; supervision of mental health assistants; treatment planning; program evaluation. All clinical services provided for inpatient males, ages 8 to 18, and their families.
- 9-88 to Psychology Pre-doctoral Intern, Veterans Administration Medical Center, Gainesville, FL (APA-Approved). Rotations: Alcohol/Drug Treatment
8-89 Unit, Administration, Employee Assistance Program, Family Psychotherapy, Post-Traumatic Stress Disorder, Child Psychotherapy (external rotation), Behavioral Medicine, Cardiology, and General Outpatient Services. Conducted individual, group, marital/family psychotherapy and admissions, personality, intellectual, forensic, and neuropsychological evaluations.

**REN MASSEY, PH.D.
VITA**

- 6-87 to 7-88 Treatment Counselor, Hillsborough County Hospital, Tampa, FL. Consultant and multi-disciplinary team treating adult and geriatric inpatients. Conducted personality, intellectual, and brief neuropsychological testing. Short-term individual, marital, and family therapy using cognitive-behavioral/dynamic approaches. Provided interpersonal-process group psychotherapy. Supervised graduate practicum students. Population diverse, including personality disorders, organic mental disorders, affective disorders, chronic schizophrenia, and substance abuse disorders.
- 8-86 to 7-88 Assistant Director, Psychological Services Center, University of South Florida, Tampa, FL. Daily clinic management; client assignment to student therapists; court-ordered evaluations; intake assessments; crisis counseling; supervision of graduate students; community networking and referrals; individual, family, and group therapy.
- 8-85 to 7-88 Director, Alcohol and Drug Resource Center, University of South Florida, Tampa, FL. Managed daily operations, including two budgets; BACCHUS staff advisor; crisis counseling and referrals; conducted workshops for organizations, classes, and staff; program evaluation; community and campus networking.

PUBLICATIONS

E. Coleman, A. E. Radix... J. Arcelus (2022) Standards of Care for the Health of Transgender and Gender Diverse People, Version 8, International Journal of Transgender Health, 23:sup1, S1-S259, DOI: [10.1080/26895269.2022.2100644](https://doi.org/10.1080/26895269.2022.2100644)

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Scott Leibowitz, Jamison Green, Ren Massey, Alison Mohr Boleware, Diane Ehrensaft, Will Francis, Colt Keo-Meier, Aydin Olson-Kennedy, Seth Pardo, G. Nic Rider, Emmett Schelling, Andrea Segovia, Vin Tangpricha, Erica Anderson, Guy T'Sjoen on behalf of the WPATH, USPATH, and EPATH Executive Committees and Boards of Directors (2020) Statement in response to calls for banning evidence-based supportive health interventions for transgender and gender diverse youth, International Journal of Transgender Health, 21:1, 111-112, DOI: [10.1080/15532739.2020.1703652](https://doi.org/10.1080/15532739.2020.1703652)

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Walfish, S., Massey, R. F., & Krone, A. (1992). Conducting psychological evaluations with A.A.-oriented alcoholism treatment programs: Implications for practical treatment planning. In C. D. Spielberger & J. N. Butcher (Eds.) Advances in personality assessment (Vol. 8). Hillsdale, N. J.: Lawrence Erlbaum Associates.

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VITA**

Walfish, S., Massey, R. F., & Krone, A. (1990). Anxiety and anger among abusers of different substances. Drug & Alcohol Dependence, 25, 253-56.

Walfish, S., Massey, R., & Krone, A. (1990). MMPI profiles of cocaine-addicted individuals in residential treatment: Implications for practical treatment planning. Journal of Substance Abuse Treatment, 7, 151-154.

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REVIEWS

Independent Reviewer for International Journal of Transgender Health (2021-Present).

Independent Reviewer for Journal of Sexual Medicine (2016-Present).

Massey, R. (2011). *The Transgender Child: A Handbook for Families and Professionals*. Book Review American Journal of Family Therapy, 39, 175-177.

Massey, R. (2007). *Just Fine: Unmasking Concealed Chronic Illness and Pain*. Book Review for American Journal of Family Therapy, 35, 283-284.

PRESENTATIONS

- 4-23 Massey, R. (Chair) Advanced Mental Health Online Course (presented on and moderated multiple topics), World Professional Association for Transgender Health Global Education Institute.
- 4-23 Leibowitz, S., de Vries, A.L.C., Chelvakumar, G., & Massey, R. A Deeper Dive into the Adolescent Standards of Care 8 Recommendations. European Professional Association for Transgender Health. Killarney, Ireland.
- 4-23 Massey, R., Chair: A State of the Art Symposium - Trans*Kids: Experiences of Transgender children, adolescents, and their guardians in a German Healthcare System at the European Professional Association for Transgender Health. Killarney, Ireland
- 10-22 Leibowitz, S., Janssen, A., Tishelman, A., Massey, R. The Evidence and Ethics for Transgender Youth Care: Updates on the WPATH *International Standards of Care* 8th Edition. Annual Meeting of the American Academy of Child and Adolescent Psychiatry. Toronto, Canada.

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- 9-22 Leibowitz, S., de Vries, A.L.C., Chelvakumar, G., Massey, R., & Strang, J. The Adolescent Standards of Care 8 Recommendations. Symposium of World Professional Association for Transgender Health. Montreal, Canada.
- 9-22 Knudson, G. & Massey, R. Co-Chairs (multiple topics presented and moderated). WPATH GEI Foundations Course in Transgender & Gender Diverse Healthcare. Montreal, Canada.
- 9-22 Massey, R. (Chair) Advanced Mental Health Course (presented on and moderated multiple topics), World Professional Association for Transgender Health Global Education Institute. Montreal, Canada.
- 6-22 Knudson, G. & Massey, R. Co-Chairs (multiple topics presented and moderated). WPATH GEI Foundations Course in Transgender & Gender Diverse Healthcare. for Government Healthcare Workers. Yukon, Canada.
- 8-21 Leibowitz, S., de Vries, A.L.C., Chelvakumar, G., & Massey, R. Redefining Care for Transgender and Gender Diverse Adolescents: Standards of Care 8th edition update. European Professional Association for Transgender Health. Gothenburg, Sweden.
- 7-21 Massey, R. Introduction to Gender Diversity. Indian Pediatric Society and Medical Students.
- 4-21, 5-21, & 11-21 Massey, R. Identity Development and Dating, International Online Training Module in World Professional Association for Transgender Health (WPATH) Global Education Initiative (GEI), Global Health Science and Practice Technical Exchange Health Course. Also, Moderator and Panelist for separate livestreamed Interactive Sessions.
- 4-21, 8-21 Knudson, G., Massey, R., & Vella, B. World Professional Association for Transgender Health (WPATH) Global Education Initiative (GEI), Online Course and Panelist for separate livestreamed Interactive Session.
- 12-20 Massey, R. & Sangganjanavanich, F. The Person of the Therapist, International Online Training Module in World Professional Association for Transgender Health (WPATH) Global Education Initiative (GEI), Online Advanced Mental Health Course. Also, Moderator and Panelist for separate livestreamed Interactive Sessions.
- 9-20, 2-21, & 5-21 Massey, R. Introduction to Mental Health, Foundations Course (for administration, medical, and mental health staff), Illinois Department of

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Corrections, Virtual/Chicago, IL.

- 6-20 Massey, R. Essential Competencies to Work with Transgender/Gender Diverse Children & Adolescents. 6-hour Continuing Education Workshop, Virtual/Atlanta, GA.
- 5-20 Massey, R. Introduction to Transgender Healthcare, International Online Training Module in World Professional Association for Transgender Health (WPATH) Global Education Initiative (GEI), Online Foundations Course. Also, Moderator and Panelist for separate livestreamed Interactive Sessions.
- 2-20 Massey, R. & Claiborne, G. Introduction to Transgender & Gender Diversity Issues. International Women's Forum, Atlanta, GA.
- 2-20 & 10-19 Massey, R. Competent Care for Transgender & Gender Non-Conforming Adult Clients. 6-hour Continuing Education Workshop, Atlanta, GA.
- 1-20 Massey, R. Foundations in Trans Health and Advanced Mental Health Lectures, WPATH GEI, Special Conference, Hanoi, Viet Nam.
- 11-19 Massey, R. Transgender Day of Remembrance: Reducing Barriers and Enhancing Care for Transgender Veterans. Keynote Speaker for all-day Continuing Education, Atlanta Veterans Medical Center, Atlanta, GA.
- 7-19 Massey, R. Cultural Competence Considerations and Creating and Affirming Environment for Transgender Patients. American Society of Plastic Surgeons, Master Course, Miami, FL.
- 6-19 Massey, R. Introduction to Transgender & Gender Diversity Issues. Public Service Presentation. Skyland Trail, Atlanta, GA.
- 5-19 Massey, R. Competencies for Effectively Counseling Transgender & Gender Non-Conforming Young Adults. 5-hour Continuing Education for Staff and Mental Health Professionals, Kennesaw State University, Kennesaw, GA.
- 4-19 Massey, R. Therapeutic Work with Transgender & Gender Non-Conforming Youth. For Staff at Berman Center, Atlanta, GA.
- 3-19 Massey, R. Introduction to Transgender & Gender Non-Conforming People. St. Luke's Episcopal Church, Atlanta, GA.

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- 12-18 Massey, R. Panelist for Lunch and Learn, Emory University School of Medicine, Brain Health Center, Atlanta, GA.
- 11-18 Massey, R. Planning & Documenting Care for Transgender Patients, WPATH GEI Advanced Training, Buenos Aires, Argentina.
- 10-18 Massey, R. Invited Lecture. Transgender & Gender Diversity Issues in Independent Schools. Independent School Chairpersons Association, Fall Conference, Boston, MA.
- 10-18 Massey, R. Invited Speaker. Therapy with Transgender & Gender Non-Conforming Individuals. The 50-Minute Hour (Podcast), Host: Dr. Zachary Friedman.
- 9-18 Massey, R. Invited Speaker. Public Seminar Sponsored for Parents & Friends of Lesbians & Gays, Johns Creek, GA.
- 2018-20 Massey, R. Invited lectures on Genetic Counseling & LGBTQ Awareness. Genetics Counseling Program, Emory University School of Medicine, Atlanta, GA.
- 6-2017 Massey, R. Invited lectures and trainings for Spiritual Care & Chaplaincy Department, Medical Students, LGBT Allies Luncheon, and Pride Lecture announcing opening of the Center for Transgender Health at Johns Hopkins University, Baltimore, MD.
- 11-2016 Massey, R. Invited presentation on transgender patients to Georgia Academy of Family Physicians, Annual Scientific Assembly. Atlanta, GA.
- 10-2016 Massey, R. Invited trainings on transgender and gender diverse students for faculty and staff of Atlanta International School, Atlanta, GA.
- 9-2016 Massey, R. Invited trainings and consultation on Transgender and Gender Diverse Inmates (for administration, medical, and mental health staff), U.S. Bureau of Prisons, Federal Medical Center, Carswell (Texas).
- 9-2016 Adams, L.F., Adelstein, A., Massey, R., & Rehrig, M. Invited Training on transgender patients for Medical Students, Emory University. Atlanta, GA.
- 9-2016 Massey, R. Invited lecture on transgender and gender diversity issues. Human Sexuality class, Georgia State University. Atlanta, GA.
- 2011 thru Massey, R. Annual invited lecture on transgender issues for Physician

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2020	Assistant Training Program. Mercer University, Atlanta, GA.
2011 thru 2015	Massey, R. Invited seminar on transgender issues for public health graduate students. Emory University, Atlanta, GA.
12-12 & 6-13	Massey, R. Invited professional trainings on transgender issues for Emory University Faculty and Staff Assistance Program, Atlanta, GA.
3-12, 3-13 & 3-15	Massey, R. Invited lectures on transgender issues of children & teens for Developmental Psychology Graduate Class, Argosy University, Atlanta, GA
4-12	Griffith, R., Bruner, M., Kaufman, G., Massey, R. (Panelist) Masculinities. Georgia Psychological Association Annual Meeting, Young Harris, GA.
9-11 & 9-13	Massey, R. & Peres, K. The Men's Room: Behavior and Communication Changes & Challenges. Southern Comfort Conference (SCC), Atlanta, GA.
9-10	Massey, R. & Lentine, D. Keeping it together: Relationships in transition. SCC, Atlanta, GA.
9-09	Massey, R. Transition is an inside job. SCC, Atlanta, GA.
11-06	Massey, R. & Vives, A. Seminar on sexual minorities for graduate students in varied mental health fields. Emory University, Atlanta, GA.
9-05 & 9-06	Massey, R. Invited panelist for symposium on healthy and responsible sexuality for an undergraduate audience. University of West Georgia, Carrollton, GA.
1-05	Massey, R. & Horne, K. Guest lecturer for graduate student class on Professional Development. Argosy University, Atlanta, GA.
10-02	Greenberg, D. & Massey, R. Straight talk about Gays. For student body through the student counseling center, Oxford College of Emory University, Oxford, GA.
11-99	Massey, R. & Greenberg, D. Anger Management and Conflict Resolution. Corporate Training for AT&T Employees. Orlando, FL.
1998 to 2002	Numerous presentations addressing Homophobia and Healing Internalized Homophobia through Georgia Equality Project.
1-97 &	Massey, R. The Ethics of Disclosing Secrets: Are We Helping

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- 10-97 or Hurting Clients? Invited Workshop-Division E: Georgia Psychological Association Midwinter Conference, Amelia Island, FL, & Chattanooga Area Psychological Association, Chattanooga, TN.
- 6-96 Massey, R. Sexual Orientation Issues in the Workplace. Training Seminar at Planned Parenthood of Atlanta, Atlanta, GA.
- 4-95 Barrett, S., Crowe, C., Gale, M., & Massey, R. Family Values: Portraits of Gay, Lesbian, & Bisexual Families. Georgia Psychological Association Annual Meeting, Atlanta, GA
- 8-95 Massey, R. Can't Live With 'Em and Can't Live Without 'Em: The Current Status of the Relationship of Sexual Orientation Issues in State Psychol. Associations. Presented in Symposium: Confronting Sexual Orientation Issues Within and Outside State Psychological Assocs. 103rd Annual Convention of American Psychological Association, Washington, D.C.
- 10-94 Friedman, F. & Massey, R. Gay, Lesbian, & Bisexual Youth: What's Known, What's Needed. GA Assoc. of School Psychologists. Atlanta, GA.
- 4-94 Gale, M., Johnson, J., Massey, R., Stark, J., & McDavid, J. Are You Ethically Prepared to Address Sexual Orientation Issues? Georgia Psychological Association Annual Meeting, Savannah, GA.
- 10-89 Massey, R. F. Invited Speaker for Virginia Alcohol Beverage Control Board Statewide Alternatives Conference on Alcohol Abuse Prevention on College Campuses. Richmond, VA.
- 10-88 Goldman, M. S., Henderson, M. J., & Massey, R. F. Alcohol expectancies as mediator of alcoholism risk. 2nd National Conference on Alcohol Abuse and Alcoholism. San Diego, CA.
- 8-88 Massey, R. F., & Goldman, M. Manipulating expectancies as a means of altering alcohol consumption. 96th Annual Convention of the American Psychological Association, Atlanta, GA.
- 4-86 Massey, R. F. Healthy Choices: Alcohol and drug abuse prevention on the college campus. Statewide Prevention Symposium, Florida Alcohol and Drug Abuse Association. Tampa, FL.
- 2-86 Massey, R. F. Training residence hall staff in alcohol and drug abuse prevention. Prevention Connections in Higher Education: Annual Florida Statewide Convention. Dept. of Health and Rehabilitative Services'

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Campus Substance Abuse Prevention Project & BACCHUS. Orlando, FL.

- 3-85 Massey, R. F. Personality and situational moderators of attitude-behavior congruence. Presentation in Symposium: Predicting behavior from internal dispositions: A case for moderation. 31st Annual Meeting of the Southeastern Psychological Association. Atlanta, GA.
- 6-84 Massey, R. F. Understanding the development of the understanding of attention. Student Paper Presentation. 37th Annual Convention of the Florida Psychological Association. Sanibel Island, FL.

TEACHING EXPERIENCE

- 2019- Present Master Mentor for World Professional Association for Transgender Health Global Education Initiative.
- 2018- Present Adjunct Assistant Professor: Emory University School of Medicine, Department of Psychiatry and Behavioral Sciences, Atlanta, GA
- 2016- Present Faculty: World Professional Association for Transgender Health Global Education Initiative for Trainings in the USA and abroad.
- 1987 Teaching Practicum: Abnormal Psychology and Personality courses. Professor: J. Kevin Thompson, Ph.D., Department of Psychology, University of South Florida.
- 1987 Teaching Assistant: Contemporary Psychology. Professor: Miles Hardy, Ph.D., Department of Psychology, University of South Florida.
- 1983 Teaching Assistant: Statistics. Professor: Allan Nash, Ph.D., Department of Psychology, Florida Atlantic University.

RESEARCH EXPERIENCE

- 2-19 Advisor to Patient-Centered Outcome Research Institute grant project on developing educational materials about trans/gender diverse youth for parents and schools. Primary Investigator: Michael Goodman, M.D.
- 1-85 to 1992 Studying personality correlates of substance abusing adolescents and adults. Also, participated in review of numerous manuscripts submitted to various journals reporting on aspects of substance abuse. Primary Collaborator: Steven Walfish, Ph.D., Clinical and Community

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Psychology Associates, Tampa, FL.

- 1-87 to 8-88 Conducted or assisted in projects pursuing two programs of research: 1) Altering alcohol expectancies to prevent alcohol abuse; and 2) Assessing and rehabilitating cognitive deficits caused by chronic alcohol abuse. Major Advisor: Mark S. Goldman, Ph.D., Director of Clinical Psychology Doctoral Program, Department of Psychology, University of South Florida.
- 9-84 to 7-86 Research on: 1) evaluation of the efficacy of alcohol education workshops and 2) influences of personality and situation on attitudinal and behavioral consistency. Professor: Louis A. Penner, Ph.D., Chair, Department of Psychology, University of South Florida.
- 1-83 to 8-84 Master's Thesis: "Attitude-Behavior Correspondence as a Function of Self-monitoring and Situational Constraint." Also, worked on various other projects examining the influence of personality and situational variables in predicting behavior from traits and attitudes. Major Advisor: Thomas C. Monson, Ph.D., Department of Psychology, Florida Atlantic University.

COMMUNITY INVOLVEMENT

- 2007-08 Facilitator of Gender Crossing (free support group for exploring gender identities), Atlanta, GA.
- 1994 to 2003 American Red Cross Mental Health Disaster Volunteer. Atlanta, GA Chapter.
- 2000-04 Anti-Defamation League Trainer. Atlanta, GA.
1999-2001 Elected Board Member of Feminist Women's Health Center. Atlanta, GA.
- 6-98 to 2002 Georgia Equality Co-Facilitator for Healing Internalized Homophobia and Dealing with Healing Homophobia workshops. Atlanta, GA Chapter.

HONORS

- 2016-17 Outstanding Member Service Award, Georgia Psychological Association.
- 2012 Outstanding Contribution to the Georgia Psychological Association as Chair of the 2012 Annual Meeting of Georgia Psychological Association.

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| 2002 | Outstanding Achievement Award for Contributions to the Well-being of LGBT People from Division H of Georgia Psychological Association. |
| 1994 | Elected Fellow of the Georgia Psychological Association. |
| 1988 | Poster selected for Science Weekend of the 96th Annual Convention of the American Psychological Association. |
| 1986 | Member of Pi Gamma Mu, International Honor Society of the Social Sciences, University of South Florida. |
| 1984-85 | Graduate Council Fellowship, University of South Florida. |

PROFESSIONAL AFFILIATIONS AND ACTIVITIES

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| 2021-Present | Co-Chair/Mental Health Chair, World Professional Association for Transgender Health (WPATH) Global Education Institute |
| 2018-20 | Director-at-large, World Professional Association for Transgender Health (WPATH) Board of Directors |
| 2018-Now | Selected for Committee to Revise the World Professional Association for Transgender Health Standards of Care (Version 8) |
| 2018-20 | Selected for Steering Group for the WPATH Global Education Initiative |
| 2018-Now | Selected Member, Emory University School of Medicine Diversity and Inclusion Subcommittee |
| 2017-18 | President, Georgia Psychological Association |
| 2009-Now | Member, World Professional Association for Transgender Health |
| 2016 | Georgia Psychological Association Presidential Task Force—Foundation Evaluation Team |
| 2014-17 | Georgia Psychological Association Ethics Committee |
| 2011-12 | Chair for the Georgia Psychological Association Annual Meeting in 2012 |
| 2005-07
1996-98 | Mentor for Mentoring Program of Georgia Psychological Association
Chair, Continuing Education Committee, Division H (Human Psychology) |

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and Sexuality) of Georgia Psychological Association

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| 1994-Now | Nominated and Elected Fellow, Georgia Psychological Association |
| 1993-95 | Founder and Past Chair of Committee on Sexual Orientation Concerns,
Georgia Psychological Association |
| 1989-Now | Member, American Psychological Association & Division 44 (Society for
the Psychological Study of Lesbian, Gay, Bisexual & Transgender Issues) |
| 1989-Now | Member, Georgia Psychological Association |

Exhibit B
Appendix

APPENDIX

American Academy of Child & Adolescent Psychiatry Policy Statement: Conversion Therapy (2018).

American Psychiatric Association Position Statement on Conversion Therapy and LGBTQ Patients (2018).

American Psychological Association. (2015). Guidelines for psychological practice with transgender and gender nonconforming people. *American Psychologist*, 70(9), 832–64.

American Psychological Association Resolution on Gender Identity Change Efforts (2021). *American Psychologist*, 70(9), 832–64.

Achille, C., et al. (2020). Longitudinal impact of gender-affirming endocrine intervention on the mental health and well-being of transgender youths: Preliminary results. *International Journal of Pediatric Endocrinology*, 2020.

Chen D, Berona J, Chan YM, Ehrensaft D, Garofalo R, Hidalgo MA, Rosenthal SM, Tishelman AC, Olson-Kennedy J. Psychosocial Functioning in Transgender Youth after 2 Years of Hormones. *N Engl J Med*. 2023 Jan 19;388(3):240–50.

Costa, R., et al. (2015). Psychological support, puberty suppression, and psychosocial functioning in adolescents with gender dysphoria. *The Journal of Sexual Medicine*, 12(11), 2206–14.

De Vries ALC, et al. (2011). Psychiatric comorbidity in gender dysphoric adolescents. *Journal of Child Psychology & Psychiatry*. 52(11):1195-1202.

De Vries ALC, et al. Young adult psychological outcome after puberty suppression and gender reassignment. *Pediatrics*. 2014; 134:1–9.

Durwood, et al. (2017). Mental health and self-worth in socially transitioned transgender youth. *Journal of the American Academy of Child & Adolescent Psychiatry*, 56, 116–23.

Edwards-Leeper, L., & Spack, N. P. (2012). Psychological evaluation and medical treatment of transgender youth in an interdisciplinary “Gender Management Service” (GeMS) in a major pediatric center. *Journal of Homosexuality*, 59, 321–36.

Gibson, D. J., et al. (2021). Evaluation of anxiety and depression in a community sample of transgender youth. *JAMA network open*, 4(4), e214739-e214739.

Green, A. E., et al (2021). Association of gender-affirming hormone therapy with depression, thoughts of suicide, and attempted suicide among transgender and nonbinary youth. *Journal of Adolescent Health* [ePublication ahead of print].

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- Steensma TD, et al. (2013). Factors associated with desistence and persistence of childhood gender dysphoria: a quantitative follow-up study. *J Am Acad Child Adolesc Psychiatry*. 52(6):582-90.
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- Turban JL, et al. (2021). Timing of Social Transition for Transgender and Gender Diverse Youth, K-12 Harassment, and Adult Mental Health Outcomes. *J Adolesc. Health* 69(6):991–98.
- Van der Miesen, A., et al. (2020). Psychological functioning in transgender adolescents before and after gender-affirmative care compared with cisgender general population peers. *The Journal of Adolescent Health*, 66(6), 699.
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mechanisms, and interventions. *Soc Sci Med.* 147:222–31.

World Professional Association for Transgender Health (WPATH) Standards of Care, Version 8, <https://www.wpath.org/soc8/chapters>.